

**St. Philip's Lutheran Church  
Medical Form**

**Student Permission**

I give permission for my child, \_\_\_\_\_ to participate in St. Philip's sanctioned activities with St. Philip's under the supervision and direction of the St. Philip's staff and other designated leaders. I release St. Philip's from liability should my child be injured in any way while participating with St. Philip's. I give permission for the leaders to take whatever steps may be necessary to obtain emergency medical care as warranted. These steps may include, but are not limited to the following:

1. Attempts to contact a parent or guardian
2. Seeking medical examination and treatment for injuries or conditions by a medical professional

I understand that it is my responsibility to resubmit this form if any changes occur regarding medical insurance or the health of my child, and that any expenses incurred in necessary emergency (or other) medical treatment will be paid by the child's medical coverage or the family.

\_\_\_\_\_  
Parent or Guardian Signature Date

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**Student Medical Information**

Student's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

List Allergies/Diet Restrictions/Medication Needs/Behavioral Concerns \_\_\_\_\_

\_\_\_\_\_  
Emergency Contact (in case parent/guardian cannot be reached) \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Clinic/Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_